Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-20-07</u>	Address:	5820 E Manor Dr.	
Case #:	<u>13-72776</u>		Lot C2	
County:	Starke		Knox, In 46534	
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (o Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:	
Items Four	nd: Location (bedroom, kitchen, open a	r, etc)		
(check all that apply) Z Lithium/Ammonia Reaction(s): bathroom/open air				
Red Phosphorous/Iodine Reaction(s):				
Water Reactive Metal (Lithium): kitchen/open air				
Anhydrous Ammonia: bathroom/open air				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid: bathroom				
Corrosive Base: <u>bathroom</u>				
Other (item and location):				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephedrinc/Pseudoephedrinc Tracking Log Retail/Merchant Tip Other:self intitiated		
This report	is to be faxed to the following agen	cies that serve the lo	cation:	
Fire Department: <u>Bass Lake</u> Health Department: <u>Starke Co.</u>		Fax: <u>574-7</u>	Fax: <u>574-772-7641</u> Fax: <u>574-772-8035</u>	
	etion Service: <u>N/A</u>	Fax: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Trp. Aaron T. Campbell Phone 219-696-6242				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.